

2016



Paulding County School District



2016 Benefits Enrollment Guide

January 1, 2016 –
December, 31 2016

2016 PCSD Employee Benefits

Welcome to your Benefits Information Booklet for 2016.

Whether you are reading this booklet in preparation for Open Enrollment in the fall of 2015, or reading it as a newly hired employee in 2016, the staff of the Human Resources Department are pleased to invite you to learn about the excellent employee benefits package offered to Paulding County School District (PCSD) employees. This booklet provides much of the detail you need to make good, informed decisions on behalf of yourself and your family for 2016.

Paulding County School District's benefits are designed to recognize the diverse needs of our employees. In the upcoming year, our plan will continue to provide competitive and comprehensive benefit options, maintain a program that considers individual needs, and offer plans to provide long-term financial security for you and your family.

Your benefits are an important part of your total compensation. We invite you to familiarize yourself with the details of these plans and encourage you to seek clarification when necessary. Should you have any questions about your benefits, we urge you to utilize the following avenues for assistance:

- Our partnership with ShawHankins Service Center can provide you with the same information as the benefits office. If you have questions about status changes or specific PCSD questions about employment issues, you should certainly contact the PCSD Human Resources Department. However, if your questions are about the benefit plans and how they work (including the State Health Benefit Plan), your call can be answered by the ShawHankins Service Center (678-535-6369 or 844-286-5618) just as well. Both the PCSD Human Resources Department and ShawHankins Service Center have a shared goal of making your enrollment process both uncomplicated and understandable for you and your family.
- The *ShawHankins Benefits Resource Center* is located at www.shawhankinsbenefits.net/pcsd. This Online resource is available 24 hours a day and provides convenient access to important benefit information and documents—such as plan summaries, required forms, enrollment portal links, and informational videos—and can thus greatly assist with the enrollment process and the decision-making it entails.

The information and materials presented in this booklet do not offer complete details of all plan provisions and requirements, nor is this booklet intended to be a legally binding document. Those documents and contracts are available at the Benefit Resource Center site, and those official documents govern all plan activity.

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OPEN ENROLLMENT 2016

Open Enrollment is that annual window of time when employees can (or, in some cases, must) select or confirm benefits for the coming plan year. For PCSD, the benefit “plan year” is the calendar year. The elections you make during this open enrollment will therefore be effective January 1, 2016. Once you’ve selected your benefits for a year, you cannot make any changes to those elections unless you have a qualifying event as noted below.

Open Enrollment for your 2016 benefit elections will be October 19, 2015 through 5:00 p.m. on November 6, 2015.

Because there are often system delays during the last days of Open Enrollment (particularly at the State Health website), and because “unexpected life events” can distract you from other important things, we strongly recommend that you **AVOID THE RUSH! PROCESS YOUR OPEN ENROLLMENT EARLY!**

You’ll receive a confirmation number upon completing your SHBP enrollment. **Always print your confirmation page from both SHBP and the bswift Enrollment Portal or save both documents to your computer.** Please monitor your initial paychecks after employment and each year in December and January after Open Enrollment to make sure the deductions you expect are included. If not, contact the Human Resources Department immediately. We can correct most problems that are found immediately but not the ones that are noticed months later.

For 2016 Please note some of the important changes to the plans:

- Legal services are now offered through ARAG.
- Group Accident, Critical Illness and Hospital Indemnity are offered through UNUM.

Of particular importance for SHBP:

- You will continue to have the same plan options with BCBSGA, UHC, and Kaiser Permanente
- Telemedicine/virtual visits will now be available
- Allowed to rollover well-being incentive credits between plan options and vendors
- HDHP- The entire family deductible no longer has to be met before benefits are payable for an individual family member

ELIGIBLE DEPENDENTS



An eligible dependent that may be covered on your benefit plan includes any one of the following:

Spouse

Your legal spouse as defined by Georgia Law. You will be required to provide a copy of a certified marriage license or copy of your most recent jointly filed federal tax return with your spouse's signature.

Natural Child

You will be required to provide a copy of the certified birth certificate showing parents' names (birth card issued by hospital for newborn is also acceptable).

Stepchild

You will be required to provide a copy of the birth certificate showing your spouse as parent, a copy of the certified marriage license for yourself and your spouse **and** a notarized statement that your stepchild lives in your home at least 180 days per year.

Disabled Dependent Children

Children with a mental or physical disability who have attained the limiting age of 26 may continue coverage beyond age 26 if proof of disability is provided within 31 days of attaining age 26.

Other Children

Other children refers to those adopted and for whom you have temporary or permanent guardianship. You will be required to provide a copy of the court decree showing your financial responsibility for the dependent, a copy of the certified birth certificate, and a notarized statement that the dependent lives in your home on a permanent basis.

For children, coverage is available through the end of the month during which the child turns 26 years of age.

FLEXIBLE BENEFIT PLAN

Section 125 of the Internal Revenue Code permits an eligible employee to elect and purchase designated insurance benefits with premiums that are deducted from his or her paycheck before taxes are taken out. This results in the employee paying lower taxes and having more take home pay. This section of the Code also allows employees to set aside additional pre-tax money into spending accounts with those funds available for unreimbursed medical expenses and also for dependent care expenses.

The Paulding County School District has established a Flexible Benefits Plan to take advantage of this pre-tax opportunity. All deductions for health, dental, and vision are set up as pre-tax deductions under the Plan. With Flexible Spending Accounts, you can set aside pre-tax money to reimburse yourself when you have to pay for deductibles, co-pays, and other medical expenses, or for daycare and related expenses for your children.

The Flexible Benefits Plan simply changes the order in which your paycheck is calculated. By deducting eligible expenses BEFORE taxes are calculated, your taxable income is reduced. Payment with pre-tax dollars means you keep more money to use as you prefer.

QUALIFYING EVENTS UNDER THE PLAN

While allowing these pre-tax benefits, the Internal Revenue Service also requires that elections under the plan are set for the entire plan year (January through December). You may not change your election except during the annual Open Enrollment period (normally in October) unless you have a **Qualifying Event**. Such events include: marriage or divorce or legal separation;

- death of your spouse;
- birth or adoption of a child or a change in legal custody; and
- your or your spouse's new employment or termination of employment or other change in employment status that affects your or your spouse's eligibility for benefits.

You must complete online enrollment and provide documentation of the Qualifying Event within 31 calendar days of the event to the State Health Benefit Plan at www.myshbpga.adp.com and to the Human Resources Office if you want to make any changes to your benefits elections. SHBP changes are effective based on the approval by SHBP. All other changes are effective based on timing of the request and the payroll cutoff dates. To make changes to your dental, vision, disability, life, legal services, critical illness insurance products as well as the Flexible Spending Accounts, please contact your ShawHankins Benefits Call Center. **If you miss the 31 day deadline, you can only make changes during the next Open Enrollment period for the following year.**

STATE HEALTH BENEFIT PLAN

2016 Plan Options

Basic information on the health care options available to employees is given here. Please refer to the *SHBP Decision Guide* at www.dch.georgia.gov/shbp. If you have not registered to use the site, click “Register Here” to start, and use the registration code SHBP-GA.

As a result of the 2016 State Health Benefit Plan (SHBP) Plan Options, members will experience a number of positive enhancements. The 2016 Plan Options listed below are designed to provide members with a choice of Plan Options that best meet their needs.

BlueCross BlueShield of Georgia- BCBSGA

- Health Reimbursement Arrangement (HRA)
 - Gold
 - Silver
 - Bronze
- Statewide Health Maintenance Organization (HMO)

UnitedHealthcare- UHC

- High Deductible Health Plan (HDHP)
- Statewide Health Maintenance Organization (HMO)

Kaiser Permanente- KP

The KP Regional HMO (Metro Atlanta Service Area only) offers medical, wellness and pharmacy benefits. You must live or work in one of the below 27 counties within the Metro Atlanta Service Area to be eligible to enroll in KP:

Barrow	Gwinnett
Bartow	Haralson
Butts	Heard
Carroll	Henry
Cherokee	Lamar
Clayton	Meriwether
Cobb	Newton
Coweta	Paulding
DeKalb	Pickens
Douglas	Pike
Dawson	Rockdale
Fayette	Spalding
Forsyth	Walton
Fulton	

The TRICARE Supplement will continue to be available for those members enrolled in TRICARE.

PeachCare for Kids will continue to be available for those members enrolled in PeachCare for Kids.

STATE HEALTH BENEFIT PLAN- BLUECROSS AND BLUESHIELD HRA BENEFIT SUMMARY

	BCBSGA Gold HRA		BCBSGA Silver HRA		BCBSGA Bronze HRA	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Covered Services	You Pay		You Pay		You Pay	
Deductible						
You	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000
You + Spouse	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500
You + Child(ren)	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500
You + Family	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000
HRA credits will reduce "You Pay" amounts						
Out-of-Pocket Maximum						
You	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000
You + Spouse	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000
You + Child(ren)	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000
You + Family	\$8,000	\$16,000	\$10,000	\$20,000	\$12,000	\$24,000
HRA credits will reduce "You Pay" amounts						
HRA	The Plan Pays		The Plan Pays		The Plan Pays	
You	\$400		\$200		\$100	
You + Spouse	\$600		\$300		\$150	
You + Child(ren)	\$600		\$300		\$150	
You + Family	\$800		\$400		\$200	
Physicians' Services	The Plan Pays		The Plan Pays		The Plan Pays	
Primary Care Physician or Specialist Office or Clinic Visits (illness or injury)	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Primary Care Physician or Specialist Office or Clinic Visits (Wellness/preventive)	100% coverage; not subject to deductible	Not covered	100% coverage; not subject to deductible	Not covered	100% coverage; not subject to deductible	Not covered
HRA Pharmacy	You Pay					
Tier 1 Coinsurance	15% (\$20 min/\$50 max); not subject to deductible					
Tier 2 Coinsurance Preferred Brand	25% (\$50 min/\$80 max); not subject to deductible					
Tier 3 Coinsurance Non-Preferred Brand	25% (\$80 min/\$125 max); not subject to deductible					
Participating 90-day Voluntary Mail Order or Retail 90-day Network	Tier 1 - 15% (\$50 min/\$125 max) Tier 2 - 25% (\$125 min/\$200 max) Tier 3 - 25% (\$200 min/\$313 max)					
<i>Note: Amounts you pay for Rx go toward the out-of-pocket maximum.</i>						

STATE HEALTH BENEFIT PLAN- HMO & HDHP BENEFIT SUMMARY

	BCBSGA / UnitedHealthcare Statewide HMO		UnitedHealthcare HDHP		KP Regional HMO	
	In-Network only		In-Network	Out-of-Network	In-Network only	
Covered Services	You Pay		You Pay		You Pay	
Deductible						
You	\$1,300		\$3,500	\$7,000		N/A
You + Spouse	\$1,950		\$7,000	\$14,000		N/A
You + Child(ren)	\$1,950		\$7,000	\$14,000		N/A
You + Family	\$2,600		\$7,000	\$14,000		N/A
Out-of-Pocket Maximum						
You	\$4,000		\$6,450	\$12,900		\$6,350
You + Spouse	\$6,500		\$12,900	\$25,800		\$12,700
You + Child(ren)	\$6,500		\$12,900	\$25,800		\$12,700
You + Family	\$9,000		\$12,900	\$25,800		\$12,700
HRA	The Plan Pays		The Plan Pays		The Plan Pays	
You						
You + Spouse	N/A		N/A			N/A
You + Child(ren)						
You + Family						
Physicians' Services	The Plan Pays		The Plan Pays		The Plan Pays	
Primary Care Physician or Specialist Office or Clinic Visits (illness or injury)	100% after \$35 PCP copay \$45 SPC copay		70% coverage; subject to deductible	50% coverage; subject to deductible	100% after \$35 PCP copay \$45 SPC copay	
Primary Care Physician or Specialist Office or Clinic Visits (Wellness/preventive)	100% coverage; not subject to deductible, in-network only		100% coverage; not subject to deductible	Not covered	100% coverage	
Pharmacy			You Pay			
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Tier 1 Coinsurance	\$20				\$20	
Tier 2 Coinsurance Preferred Brand	\$50		70% coverage; after deductible is met*		\$50	
Tier 3 Coinsurance Non-Preferred Brand	\$90				\$80	
Participating 90-day Voluntary Mail Order or Retail 90-day Network	Tier 1 - \$50		70% coverage; after deductible is met*		Tier 1 - \$50	
	Tier 2 - \$125				Tier 2 - \$125	
	Tier 3 - \$225				Tier 3 - \$200	

Note: Amounts you pay for Rx go toward the out-of-pocket maximum.

*For HDHP out-of-network, pharmacy expenses are paid at 70% of the contracted rate.

Note: If you request a Brand-name Prescription Drug Product in place of the chemically equivalent Prescription Drug Product (Generic equivalent), you will pay the applicable Generic copayment or coinsurance in addition to the difference between the Brand and Generic Drug costs. This differential will not apply towards your out-of-pocket maximum.

STATE HEALTH BENEFIT PLAN- RATES

Basic information on the health care options available to employees is given here. Please refer to the *SHBP Decision Guide* at www.dch.georgia.gov/shbp. If you have not registered to use the site, click “Register Here” to start, and use the registration code SHBP-GA.

State Health Benefit Plan – Monthly Premiums for Active Employees January 1 – December 31, 2016

	Employee	Employee + Children	Employee + Spouse	Family
BCBS Gold	\$158.79	\$288.01	\$390.23	\$519.43
BCBS Silver	\$105.33	\$197.12	\$277.96	\$369.74
BCBS Bronze	\$66.28	\$130.74	\$195.96	\$260.40
BCBS HMO	\$130.58	\$240.05	\$330.99	\$440.44
UHC HMO	\$170.68	\$308.22	\$415.20	\$552.71
UHC HDHP	\$57.46	\$115.75	\$177.45	\$235.72
Kaiser HMO	\$140.02	\$256.10	\$350.81	\$466.86
Tricare Supplement	\$60.50	\$119.50	\$119.50	\$160.50

NOTES: *An additional \$80 will be added to the monthly premium shown above when you or any of your covered dependents use tobacco products. Premiums are deducted in advance.*

Special note about calling BlueCross BlueShield, UHC or Kaiser:

If you contact your insurance carrier about a coverage or eligibility question and they ask you to contact “your employer”, they are intending for you to contact SHBP directly. The Benefits Office does not have access to the information necessary to answer these questions. SHBP’s telephone number is 800.610.1863.



BEFORE YOU ENROLL – THINGS TO KNOW

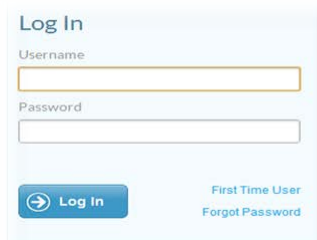
You are REQUIRED to **provide the below information/documentation** for all dependents/beneficiaries:

- Name
- Date of Birth
- Social Security Number
- Address

How to enroll in non-medical benefits online:

Follow the link to the ShawHankins Enrollment Portal (bSwift) located under the “Enrollment” tab of the *ShawHankins Benefits Resource Center*, or visit the portal directly at www.pauldingschools.bswift.com. Once there, you will be prompted to enter your username and password. You do not need to create a username and password as one has already been assigned:

- Your bSwift username is your **first initial, last name, and last 4 digits of your Social Security Number**. For example, JDoe4567. Usernames are not case sensitive.
- Your password is **the last four digits of your Social Security Number**. For example, 4567.



Log In

Username

Password

Log In

First Time User
Forgot Password



At this point you will be guided through a step by step enrollment process. Please be sure to have your reference materials in hand for review. *It is very important that you have the names, dates of birth, and SSNs of your family members on hand* for the enrollment as you will be asked to enter this information into the system. If this information is already in the system, please ensure that it is up to date.

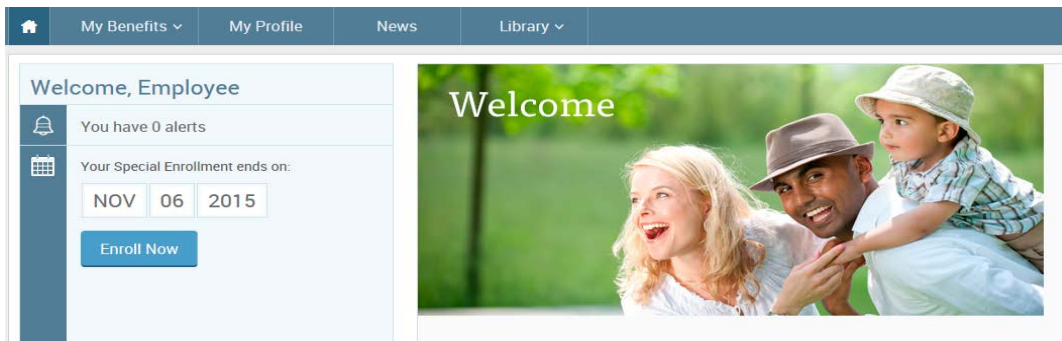
Should you have any questions, please contact ShawHankins at 678-535-6369.

****Failure to enroll within the enrollment time period will result in the forfeiture of your eligibility for enrollment until the next annual enrollment period unless you experience an eligible qualifying event.****

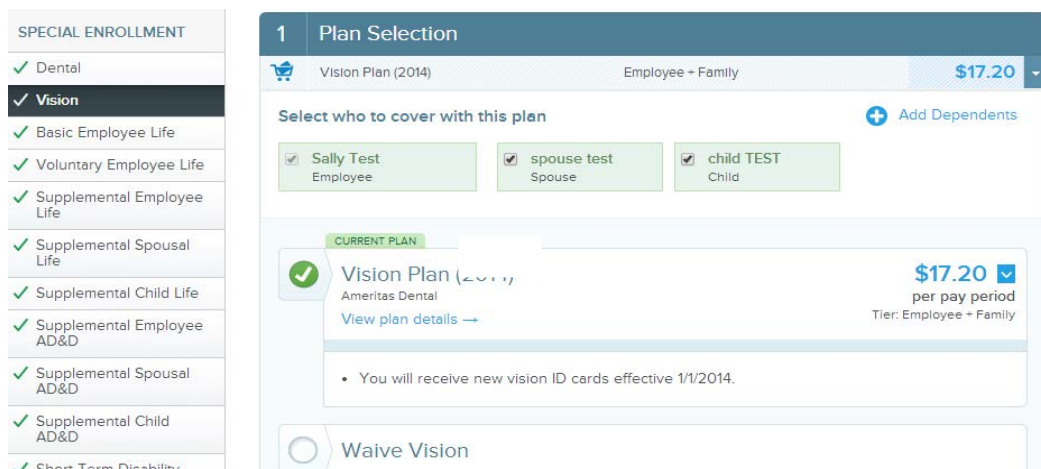
HOW TO ENROLL

To Begin:

- 1) From the “Home Page” click on the “Enroll Now” link, to begin the election process.
- 2) On the “Personal & Family Page”, verify your information is accurate and “Add” all eligible dependents you wish to cover under any benefits.



- 3) To make a plan selection, select the button beside the newly elected plan. If you are covering dependents, make sure to “Select” them by checking off next to their name under “Select who to cover with this plan.” Then press “Next” at the bottom of the screen.



- 4) Once you have reviewed and completed your enrollment, click on “I Agree and I am finished with my enrollment”, then click on “Save My Enrollment”.

Once You've Reviewed All Your Selections:

Participation

I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny claim or void the contract if such misrepresentation or omission affects acceptance of the risk. I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions are required for this coverage, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (before tax dollars) unless I submit a declination election. I reserve the right to revoke this deduction authorization at any time upon written notice.

I agree, and I'm finished with my enrollment

Save My Enrollment!

- 5) You will now be taken to the final confirmation page to either print or email.

Note: The enrollment images within this guide are for illustrative purposes only.

DENTAL INSURANCE

PCSD has renewed its contract with MetLife for 2016 to provide two options for dental coverage for employees and their dependents.

Benefit Summary	Plan Option 1- Low Plan		Plan Option 2 – High Plan	
Coverage Type	In-Network	Out-of-Network	In-Network	Out-of-Network
Type A – Diagnostics & Preventative	100% of Negotiated Fee*	100% of R&C Fee**	100% of Negotiated Fee*	100% of R&C Fee**
Type B – Basic	40% of Negotiated Fee*	40% of R&C Fee**	80% of Negotiated Fee*	80% of R&C Fee**
Type C – Major	25% of Negotiated Fee*	25% of R&C Fee**	50% of Negotiated Fee*	50% of R&C Fee**
Type D – Orthodontia	N/A	N/A	50% of Negotiated Fee*	50% of R&C Fee**
Deductible[†]	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual	\$50.00	\$50.00	\$50.00	\$50.00
Family	\$150.00	\$150.00	\$150.00	\$150.00
Annual Maximum Benefit:	In-Network	Out-of-Network	In-Network	Out-of-Network
Per Person	\$500.00	\$500.00	\$1,000	\$1,000
Orthodontia Lifetime Maximum			In-Network	Out-of-Network
Per Person			\$1,000	1,000

See Schedule for detailed codes

*Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated Fee fees are subject to change.

**R&C Fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

[†]Applies only to Type B & C Services.

	Employee	Employee + 1	Family
Low Plan	\$ 16.30	\$ 45.77	\$65.34
High Plan	\$ 24.40	\$68.51	\$97.81

VISION INSURANCE

PCSD has renewed its contract with Davis Vision for 2016 to provide vision coverage for employees and their dependents.

IN-NETWORK BENEFITS		
Eye Examination	Every 12 months, Covered in full after \$10 copayment	
Eyeglasses		
Spectacle Lenses	Every 12 months, Covered in full For standard single-vision, lined bifocal, or trifocal lenses after \$20 copayment	
Frames	Every 24 months, Covered in full Any Fashion or Designer frame from Davis Vision's Collection ¹ (value up to \$175) OR \$130 retail allowance toward any frame from provider, plus 20% off balance ³	
Contact Lenses		
Contact Lens Evaluation, Fitting & Follow Up Care	Every 12 months Collection Contacts: Covered in full after \$20 copayment Non Collection Standard Contacts: 15% discount ³ OR Non Collection Specialty Contacts: 15% discount ³	
Contact Lenses (in lieu of eyeglasses)	Every 12 months, Covered in full Any contact lenses from Davis Vision's Contact Lens Collection ¹ OR \$130 retail allowance toward provider supplied contact lenses, plus 15% off balance ³	
ADDITIONAL DISCOUNTED LENS OPTIONS & COATINGS		
MOST POPULAR OPTIONS <small>Savings based on in-network usage and average retail values.</small>	Without Davis Vision	With Davis Vision
Scratch-Resistant Coating	\$45	\$0
Polycarbonate Lenses	\$64	\$0 ² -\$30
Standard Anti-Reflective (AR) Coating	\$62	\$35
Standard Progressives (no-line bifocal)	\$154	\$50
Plastic Photosensitive (Transitions ^{®4})	\$123	\$65
OUT-OF-NETWORK REIMBURSEMENT SCHEDULE		
Eye Examination up to \$40 Frame up to \$45 Spectacle Lenses (per pair) up to: Single Vision \$40, Bifocal \$60, Trifocal \$80, Lenticular \$80, Progressive Lenses \$60 Elective Contacts up to \$130, Medically Necessary Contacts up to \$225		

There are no changes to the current rates and three tiers will continue to be offered.

The Davis Vision network is large and can be accessed by going to their website: davisvision.com.

You may also see an out-of-network provider, but you must pay the full bill before submitting a claim—along with an itemized receipt—for reimbursement.

For more details, please see your plan summary document located on the Benefits Resource Center as well as on Bswift.

Tier	Monthly Cost
Employee	\$6.78
Employee + 1	\$11.88
Family	\$17.64

BAISC GROUP LIFE INSURACE

BASIC LIFE INSURANCE WITH ACCIDENTAL DEATH & DISABILITY COVERAGE (AD&D)

The Paulding County School District provides, at no cost to you, Basic Life Insurance with AD&D coverage through UNUM in the amount of:

- \$30,000 for all Full Time Administrators & Technical Professional Employees
- \$15,000 for all Other Full Time Employees

Life insurance pays your designated beneficiary the benefit amount if you die while covered by the plan. Accidental death and disability coverage will pay your beneficiary an amount equal to your Basic Life insurance amount if you die as the result of an accident, or it will pay you a percentage of the benefit amount if you are disabled or injured as the result of an accident.

[PCSD pays the full cost of this coverage for you. Please log into the bSwift enrollment portal to confirm your core life benefit and update your beneficiary.](#)

DEPENDENT BASIC LIFE INSURANCE WITH AD&D

You may purchase the below amounts of Basic Life insurance with AD&D coverage for your spouse and/or children:

- \$5,000 for Eligible Spouse
- \$3,000 for each Eligible Child up to age 19 or to age 26 if a full time student

[The cost for family coverage is \\$1.65, which will apply regardless of the number of dependents covered](#)



VOLUNTARY LIFE INSURANCE

In addition to the core Life and AD&D benefits provided by PCSD, you have the option to purchase additional life insurance for yourself, your spouse, and your family.

You may also elect AD&D coverage in the same amount as your life election.

****Please note that the voluntary life coverage has a one time open enrollment. If you declined coverage when initially eligible (at the last open enrollment or as a new hire) and wish to enroll in this benefit, you must complete a health questionnaire and be approved for coverage.****

Benefit	Available Coverage
Employee Supplemental Life Insurance	You can purchase coverage in increments of \$10,000 up to 6 times salary , not to exceed max of \$500,000 . If this is your first time eligible for coverage, you will have the opportunity to enroll in the guarantee issue amount of \$300,000 or maximum 6 times salary without completing evidence of insurability (EOI).
Spouse Supplemental Life Insurance	You can purchase coverage for your spouse in increments of \$5,000 to a max of 100% of employee amount , not to exceed max of \$500,000 . Spouse elections over \$50,000 will require EOI.
Child(ren) Supplemental Life Insurance	You can purchase child(ren) coverage in increments of \$2,000 up to a max of \$10,000 for children 6 months or older. Children under 6 months receive \$1,000 . Children are eligible up to age 19 or age 26 if a full time student.

*If you and your eligible dependents elect coverage when initially eligible and wish to increase the amount at the following open enrollment, you may apply for any amount up to \$300,000 or 6 x salary for self and any amount up to \$50,000 for your spouse. Any coverage over Guarantee Issue will be subject to evidence of insurability (EOI).

**All employees will be defaulted to \$10,000 of coverage. If you wish to waive this coverage or elect a different amount, you must complete the election via the bSwift enrollment portal.

The cost for Supplemental Life coverage is based on your age bracket and the amount of coverage you choose. Please see the bswift enrollment portal to determine your cost.

SHORT TERM DISABILITY

PCSD offers you Short Term Disability (STD) through Mutual of Omaha. STD insurance replaces a portion of your income if you are unable to work due to a covered disability. PCSD offers a STD plan where you can choose between three salary replacement percentage levels: 40%, 50%, or 60% of your before tax weekly earnings. This is the percentage of your regular earnings that you will receive after a disability begins. Your STD plan has a 14 day elimination period, but since all sick leave must be exhausted prior to receiving disability benefits, when benefits begin is also dependent on the number of day of sick leave you have accumulated but not used.

Remember that your use of Sick Leave during a disability leave of absence is based on your scheduled work days. The Start Date of the payments is a number of calendar days from the start of the disability.

If you are a newly eligible employee, evidence of insurability is not required to enroll. If you previously waived or declined to enroll in this coverage and are enrolling for the first time, you must complete a health questionnaire and your coverage must be approved before it will become effective.

Benefit	Available Coverage
Short Term Disability	Benefits begin on the 15th day of your disability. You can choose a benefit that is 40%, 50%, or 60% of your before tax weekly earnings. The maximum weekly benefit is \$1,500. The short term disability coverage will last up to 11 weeks of disability.

“Disability” or “Disabled” means that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are prevented from performing at least one of the material duties of your regular job and are unable to generate current earnings which exceed 99% of your weekly earnings from your regular job. You can be totally or partially disabled during the elimination period.

Disabilities that occur during the first 6 months of coverage due to a pre-existing condition are excluded. A pre-existing condition is a condition for which you were diagnosed or received medical care in the 3 months prior to your effective date of coverage or the effective date of an increase in coverage. “Medical Care” includes consulting a physician or other medical provider who gives medical advice or prescribes treatment. “Treatment” includes medical exams, tests, observation, prescriptions, medicines, medical services, supplies or equipment.

The cost for Disability coverage is based on your age bracket and salary. Please see the bSwift enrollment portal to determine your cost.

LONG TERM DISABILITY

Long Term Disability (LTD) insurance is another valuable benefit offered through Mutual of Omaha that protects your financial well-being in the event that you are unable to work for more than **90 days**. The LTD benefit replaces **60%** of your gross monthly earnings, less income you may receive from other sources (e.g., Sick Leave, Social Security, Workers' Compensation, etc.). The maximum monthly benefit is **\$10,000**.

Benefit	Available Coverage
Long Term Disability	Benefits begin on the 90th day of your disability. Your benefit is equal to 60% of your before tax monthly earnings. The maximum monthly benefit is \$10,000 . Long Term Disability coverage will last until you are able to return to work or until you reach your Social Security Normal Retirement Age.

Disability" is defined in two phases:

- For the first 24 months, you must be unable to earn (at your own occupation) more than **99%** of your pre-disability earnings due to sickness, injury, or pregnancy.
- After 24 months of disability benefit payments, you must be unable to earn more than **85%** of your pre-disability earnings at any occupation, considering prior education, training, experience, and earnings.

If you become disabled and are able to work part-time, you may be eligible for Partial Disability Benefits, which will help supplement your income until you are able to return to work full-time. Furthermore, if you become disabled and opt to participate in the Vocational Rehabilitation Program—which offers services that help you return to work and ability—you will be eligible for a monthly benefit increase of 5%.

Throughout your disability, you must be receiving appropriate care and treatment from a physician for the disabling condition.

Disabilities that occur during the first 12 months of coverage due to a pre-existing condition are excluded until you have been treatment free for **3 consecutive months**. A pre-existing condition is any injury or sickness for which you have received medical treatment, advice or consultation, care or services, or had drugs or medicines prescribed or taken in the **3 months prior** to the day you became insured under the policy.

[The cost for Disability coverage is based on your age bracket and salary. Please see the bSwift enrollment portal to determine your cost.](#)



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Paulding County Schools

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Now without a medical exam you can buy interest sensitive whole life insurance coverage and build cash value with a guaranteed 4% interest rate. You can help protect yourself and eligible members of your family, all with the convenience of payroll deduction. You'll be able to keep your coverage and take it with you if you ever leave the company.

Half of all American households say they need more life insurance.¹ How about you and your family?

You can take action now by choosing the amount of coverage you need between \$15,000 and \$100,000. None of us likes to think about these things, but it's important that you can also tap into your life insurance death benefit early if you're ever diagnosed with a terminal illness.² That benefit could really help you and your family during a difficult time. If you're ever laid off from your full-time job, there's also protection to keep paying for your policy for as long as six months.³

Here's another plus: if you buy this policy and continue to pay the monthly cost, after 15 years or at age 65, whichever is later, you'll have a paid-up life insurance policy for half of the benefit amount that's yours to keep.

You can cover yourself, your spouse, and your eligible dependents.

In addition to your coverage, you can buy whole life policies for your spouse and each eligible child and grandchild.

Who would you like to cover?

	Ages Available	Amounts Available
Coverage for yourself	16 – 70	\$15,000 – \$100,000
Spouse or equivalent by state law	16 – 65	\$15,000
Child or grandchild	15 days – 24 years	\$25,000 whole life policy

Meaningful guarantees
for your family's future:

Life insurance benefits that
will never decrease

Premiums that will never
increase

A 4% guaranteed
interest rate

A paid-up whole life
insurance policy for
your retirement

CRITICAL ILLNESS INSURANCE

For 2016 Critical Illness Insurance will be transitioned from TransAmerica to Unum. This benefit is designed to help employees offset the financial effects of a catastrophic illness with a lump sum benefit if an insured is diagnosed with a covered critical illness.

All eligible employees may elect this coverage for themselves or their family. Child coverage is automatically included with Employee coverage.

If you do not elect to waive this coverage for 2016, you will be automatically enrolled in the Unum plan at the same level of coverage you currently have.

For 2016, Transamerica will no longer be offering Critical Illness insurance. If currently enrolled, you can continue the policy by converting to pay direct which means the premium will be paid directly to Transamerica but cannot be deducted from your PCSD check. To continue the individual critical illness policy contact Transamerica @ 1-888-763-7474.

Benefit Overview	
Critical Illness Basic Benefit Amount	Employee- \$5,000- \$50,000 available in increments of \$5,000 Spouse- \$5,000- \$30,000 available in increments of \$5,000 Child(ren)- 25% of Employee Coverage
Reductions in benefits to age	On the anniversary after the age of 70 the face is reduced to 50%
Cancer	100%
Heart Attack	100%
Stroke	100%
Coronary By-Pass Surgery	25%
Major Organ Failure	100%
End Stage Renal Kidney Failure	100%
Permanent Paralysis	100%
Blindness	100%
Occupational HIV	100%
Wellness Benefit Rider/Health Screening Benefit	\$75 Benefit-Per insured
Pre-existing Condition/Waiting Period	30 Day wait, but no Pre-ex
Continuations of Coverage Portability Benefit	Coverage is portable. Employees can keep their coverage if they change jobs or retire. Employees may continue all coverage, including riders, for the same face amount and the same premium.

The cost of this coverage is based on the level of benefit you choose and your age. Please see the bswift enrollment portal to determine your specific cost.

GROUP ACCIDENT INSURANCE

Accident insurance is provided through Unum. This coverage can help provide financial protection if you suffer a covered injury and need treatment. It pays the benefit directly to you to offset the high cost of copays, deductibles and other expenses your medical insurance may not cover. This plan also covers on the job accidents.

Some covered accidents include, but are not limited to:

Benefit	Employee	Spouse	Child(ren)
Accidental Death	\$50,000	\$20,000	\$10,000
Burns 2 nd Degree (35+ square inches)		\$1,000	
3 rd Degree		\$2,500-\$10,000	
Skin Grafts		50%	
Hospital Admission (once per covered injury)		\$750	
Intensive Care Unit		\$1,125	
Hospital Confinement (per day, up to 365 days)		\$200	
Intensive Care Unit		\$400	
Emergency Room Treatment		\$150	
Ambulance (as result of accidental injury)		Air: \$1,500 Ground: \$400	
Surgery		Open Abdominal Thoracic: \$1500 Exploratory (without repair): \$150 Hernia Repair: \$150	
Physician Follow Up (2 per accident)		\$50	
Fractures		Open: Up to \$7500 Closed: Up to \$3750	
Dislocations		Open: Up to \$6000 Closed: Up to \$3000	

GROUP ACCIDENT INSURANCE CONTINUED

Benefit	Employee	Spouse	Child(ren)
Paralysis	Up to \$15,000		
Travel	\$150 per day lodging (up to 30 days)		
Emergency Dental	Extraction: \$100 Crown: \$300		
Portability	You may take the coverage with you, should you leave the company or retire, without having to answer new health questions. Unum will bill you directly.		

For more information on covered accidents please contact ShawHankins at 678-535-6369.

GROUP ACCIDENT RATES

Monthly Premiums	
Employee	\$11.36
Employee & Spouse	\$17.49
Employee & Child(ren)	\$21.13
Family	\$27.26



HOSPITAL INDEMNITY INSURANCE

Hospital Indemnity is offered through UNUM. This benefit provides assistance to you in the case of an extended hospital stay. This does cover hospital stays for maternity care.

Benefit	Coverage
Hospital Confinement	\$1,000 per insured per calendar year
Daily Confinement	\$100 per day (maximum 15 days)
Intensive care	\$100 per day (maximum 15 days)
Waiting period	30 days for new employees
Portability	Not Included

Monthly Premiums	
Employee	\$21.32
Employee & Spouse	\$40.59
Employee & Child(ren)	\$28.72
Family	\$47.99



FLEXIBLE SPENDING ACCOUNT

TASC administers the Flexible Spending Accounts for PCSD.

The FSA consists of two separate accounts: a Health Care Spending Account and Dependent Care Spending Account. The FSA increases your take home pay by reducing your taxable income. Payment with pretax dollars means that you have more money to use on these important expenses.

Elections under the Plan

Elections **may not be changed outside the Open Enrollment period** unless you have a change in family status. Eligible changes in status include:

- marriage or divorce or legal separation;
- death of a spouse;
- birth or adoption of a child or a change in legal custody; and
- your or your spouse's new employment or termination of employment or other change in employment status that affects your or your spouse's eligibility for benefits.

If you change your election because of a change in family status, the change will be effective on the first day of the month following your election.

Health Care Spending Account

Your Health Care Spending Account allows you to pay for health-related treatments and expenses for you and your dependents not paid for by your insurance programs. The maximum contributions to the Health Care Spending Account cannot exceed \$2,550 during the plan year (as of January 1, 2016). Expenses that are eligible for reimbursement from the Health Care Spending Account include, but are not limited to, the following:

- Deductibles and co-payments not paid by the health insurance option or dental insurance option in which you or any family members participate
- Cost of eligible procedures not covered by health or dental plans
- Vision examinations, glasses, contact lenses and supplies
- Hearing exams and hearing aids
- Alcoholism treatment, birth control, braces, chiropractor fees, prescription drug and medical supplies (used to alleviate or treat injury or illness), orthopedic shoes, psychiatric care, transportation expenses (related to the rendering of medical services), weight loss programs (if prescribed by a physician), wheelchair.

There will be a \$500 rollover option for any funds not used in the calendar year. All other unused funds will be lost.

Premiums for other accident and health insurance coverage, including premiums for coverage under a plan maintained by the employer of your spouse or dependent are not reimbursable by the Medical Spending Account. Long Term Care insurance premiums and any expenses incurred for long-term care services are NOT reimbursable from the Medical Spending Account as described in IRS Publication 502 – Medical and Dental Expenses.

FLEXIBLE SPENDING ACCOUNT CONTINUED

Dependent Child Care Spending Account

The Dependent Care Spending Account allows you to use the expenses incurred (not to exceed \$5,000 if married and filing joint income tax returns or \$2,500 if unmarried or married and filing separate income tax returns in the plan year) to care for your children or other dependents while you and your spouse work or go to school full-time.

Expenses can be for the care of a child up to thirteen (13) years old or for care of a dependent who is disabled or elderly and frail who is living with you. Your child care expenses can be for a sitter or housekeeper in your home, a family day care home, or a day care center. You can include the full amount you pay to a nursery school, even though part of it is for lunch and education expenses unless those amounts are billed separately. Only the portion of the cost of summer camp that is attributable to day care can be included, and camp deposits made in the winter or spring cannot be reimbursed until the full bill is due.

To use your Dependent Care Spending Account for expenses for a disabled or elderly person, that person must be physically or mentally unable to care to himself/herself. The person must be your dependent for tax purposes, and you must provide more than half of his/her living expenses. He/she must reside in your home at least eight hours a day. Therefore, you can pay out of your Dependent Care Spending Account for adult day care for your elderly parent who lives with you and is a dependent on your tax return. You cannot use this account, however, to pay part of the cost of a nursing home for a parent in another city. You cannot claim payments if you are married and your spouse does not work. You can claim payments to a relative for dependent care if:

- the relative is not your dependent for the tax year, and
- the relative is providing child care as an employee of another organization, or as a self-employed person in his/her own home, or as your employee for whom you are withholding social security taxes.

Terms and Conditions

The Internal Revenue Code, Section 125, governs the Healthcare Flexible Benefits Plan, and Section 129 governs the Dependent Care Spending Account.

By choosing to contribute money to one or both of the Flexible Spending Accounts, you are agreeing to abide by the regulations of the Flexible Benefits Plan, the Medical Reimbursement Plan and the Dependent Care Assistance Plan. Specifically, you are agreeing to the following provisions:

- Money contributed for one type of Flexible Spending Account cannot be used to pay claims payable to the other Flexible Spending Account
- The maximum on the Medical Spending Account cannot exceed \$2,550 per employee per plan year
- The amount contributed to a Dependent Care Spending Account cannot be greater than \$5,000 if married and filing joint income tax returns or \$2,500 if unmarried or married and filing separate income tax returns in the plan year
- The validity of a claim against either Flexible Spending Account is determined in accordance with the Plan, IRS Code and IRS regulations as interpreted by the Administrator subject to the appeal provisions of the Plan

FLEXIBLE SPENDING ACCOUNT CONTINUED

Debit Card

You will continue to be able to utilize the FSA debit card to access your health care spending account dollars. The debit card eliminates the need to file a claim for reimbursement. If you have a health care FSA, present your debit card at the point of service to pay for expenses for you and your eligible dependents. The eligible expenses will be deducted directly out of your health care FSA account. In most cases, this is all you need to do, however, be sure to keep your receipts in case you are asked for them and as documentation for your income tax returns.

Mobile App & Text Messaging

With the MyTasc mobile app, you can securely check real-time balances, request a reimbursement, view transaction details, and use your mobile device's camera to take a picture of the receipt. The MyTasc mobile app is free download from the Apple app store and Android market.

Manual claims processed daily in addition to the Debit Card

If you do not have your card and need to file a manual claim, simply fill out a paper form and fax or mail it to TASC with copies of all appropriate receipts. Set up an account by going to www.tasconline.com and all necessary forms are available there. **You can also file a claim using the MyTasc mobile app – just use your phone to take a photo of appropriate receipts.**

TIP:

If you go to a store for several items, with some not eligible for reimbursement by the FSA, ask the merchant to ring up the items separately. Use your card to pay only for eligible items!

Miscellaneous Information:

The IRS states that a person “incurs” an expense on the day the service is rendered, not when it is billed or not when it is paid, but only on the date the service is actually performed.

Participants can submit claims through March 31 for expenses incurred in the previous year if funds were available for reimbursement as of December 31.

Any portion of your medical spending account or your dependent care spending account which you do not use during the plan year (January 1 – December 31) is forfeited as required by law and will not be carried over for use in later years.

You will be able to roll over up to \$500 in unused funds in your medical spending account at the end of the 2015 plan year, to use in 2016. You are not able to roll over funds in the dependent care account.

You will not pay income taxes or Social Security (FICA) taxes on any amount included in the Flexible Benefits Plan. If you are within five years of Social Security retirement and choose to have FICA withheld, contact the Benefits Office to waive Flexible Benefits.

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Legal insurance helps you address everyday situations like dealing with traffic tickets, resolving warranty issues or buying a home. When you need help, don't waste time looking for the right attorney or paying costly attorney fees, which average **\$323 per hour**.¹ ARAG offers top-performing legal insurance which features:



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Telephone Advice: Talk to a knowledgeable professional over the phone when you need information and direction to address your legal matters.



Online Resources: The ARAG Legal Center provides online tools and useful information to help you learn more about your legal issues on your own.



ARAG Legal Center™

In addition to meeting with an attorney in-office or over the phone, members can access ARAGLegalCenter.com for hundreds of articles and guidebooks as well as [DIY Docs®](#) to create legally valid documents online.

Learn more by logging on to ARAGLegalCenter.com, Access Code 18131pcs or by calling 800-247-4184.

What Do I Get for My Money?

- ✓ You will receive in-office access to a nationwide network of more than **10,000 credentialed attorneys**.
- ✓ You can call a Network Attorney for **unlimited legal advice** to help prepare documents, letters or a Will.
- ✓ You can use [DIY Docs®](#) to help you create any of 300+ state-specific, legally valid documents online.

What Does it Cost?

UltimateAdvisor®

Family: \$23.25 Per Month

CONTACTS

CARRIER	BENEFIT	PHONE NUMBER
STATE HEALTH BENEFITS	MEDICAL	(800) 610-1863
METLIFE	DENTAL	(800) 275-4638
DAVIS VISION	VISION	(800) 999-5431
UNUM	BASIC AND VOLUNTARY LIFE	(866) 679-3054
MUTUAL OF OMAHA	DISABILITY	(800) 877-5176
UNUM	WORKSITE PRODUCTS	(866) 679-3054
ARAG	LEGAL	(800) 247-4184
TASC	FLEXIBLE SPENDING ACCOUNT	(800) 422-4661

Paulding County Benefits Office:

(770) 443-8003

Burton Turner BTurner@paulding.k12.ga.us

Mary Grecco MGrecco@paulding.k12.ga.us

ShawHankins Service Center

(678) 535-6369

customerservice@shawhankins.com

**The ShawHankins Service Center is available for additional support!
Call 678-535-6369**

Our partnership with the ShawHankins Service Center can provide our employees with much of the same information as the benefits office. What can they assist with?

Understanding Your Benefits: The Service Center can assist you with questions regarding your many plan options and benefits, including deductibles, copayments and coinsurance. They can also explain any applicable waiting periods, elimination periods and eligibility rules.

Annual Enrollment Information: The Service Center can provide you details about when open enrollment begins and ends and if your plan designs or payroll deductions are changing.

Enrollment Process Support: The Service Center can provide you general instructions regarding online enrollment or completing any applicable paper forms.

Locating Network Providers: Staying in network saves everyone money. The Service Center can help you locate network providers for medical, dental and vision coverage, whether you are at home or away.

Order ID cards: The Service Center can contact your Dental or Vision insurance carrier directly and order a replacement card for you.

Claim Resolution and Research: The Service Center can help you understand your Dental or Vision Explanation of Benefits (EOB) as well as contact those insurance carriers on your behalf. They can assist in appealing a denied dental or vision claim or help you request a Prior Authorization (PA) from your dentist as may be required by your dental carrier.

Explain Section 125 Cafeteria Plans: The Service Center can explain qualifying events regulated by the IRS as described by your Summary Plan Description (SPD). They can help to clarify the time frames and life events allowed by your plan.

The ShawHankins Service Center is located in Marietta, Georgia and is staffed with friendly, knowledgeable individuals ready to answer your questions!